

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016504

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 14

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED MAY 1 1963

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOACHIM TOWNSHIP</b>		Length of stay in 1b <b>4 DAYS</b>	c. CITY OR TOWN <b>CRYSTAL CITY, MO.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MT. VIEW NURSING HOME</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>513 TAYLOR AVE.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>CLAUDE Z. AUBUCHON</b>			4. DATE OF DEATH Month Day Year <b>APRIL 22 1963</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-31-01</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GLASS FACTORY</b>		11. BIRTHPLACE (City and state and country) <b>SULPHUR SPRINGS MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>ZENO AUBUCHON</b>			
13b. MOTHER'S MAIDEN NAME <b>NELLIE NOKES</b>		14. NAME OF HUSBAND OR WIFE <b>FRIEDA AUBUCHON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>513 TAYLOR</b> <b>MRS. FRIEDA AUBUCHON, CRYSTAL CITY, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROSIS</b>		<b>UNKNOWN</b>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES MELLITAS</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>CRYSTAL CITY, MO.</b>	COUNTY <b>JEFFERSON</b>	STATE <b>MISSOURI</b>
21. I attended the deceased from <b>APRIL 23, 1962</b> to <b>PRESENT</b> and last saw him alive on <b>APRIL 22, 1963</b> Death occurred at <b>10:40 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>D. M. [Signature]</b>	22b. ADDRESS <b>Crystal City, Mo.</b>	22c. DATE SIGNED <b>4/23/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-25-63</b>	23c. NAME OF CEMETERY OR CREMATOR <b>METHODIST</b>
23d. LOCATION (City, town, or county) <b>FESTUS, MISSOURI</b>	24. FUNERAL DIRECTOR <b>James R. [Signature]</b>	25. DATE RECD. BY LOCAL REG. <b>4-23-63</b>
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1961

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James Richard Cody  
Licensed Embalmer No. 4309

P. O. Address Crystal City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.